## SHELBY COUNTY BOARD OF COMMISSIONERS APPLICATION FOR APPOINTMENT TO ELECTED OFFICE

Nam	Shirley A. Thoeston
Offic	e Address:
Offic	e Phone;
	mile:
	1 Address: Sthornto C Dellsouth. Net
Hom	Address: H774 Neave P. Rd.
	Memphis IN 38/09
	Phone: 90/-785-9384
Cellu	lar Phone: 901-649-5881
PRO	FESSIONAL BACKGROUND & EXPERIENCE
William .	
	Indicate your present employment. What is the principal business of the business?
2.	List your prior professional or business employment since completion of high school and lasting more than twelve months with dates and names of employers
	Heal Estate
	Describe any experience not stated above that you would like to bring to the attention of the Commission.

## PERSONAL INFORMATION

of the	ch state, including all periods in which you resided in a state more than 50% time for a period of at least 12 months.
State	your age and date and place of birth. 55, 8/6/53, Monroe C
List tl	he following:
a)	Drivers License No.
b)	Election Commission Voter Registration No.  Do Nothage W/me —
Famil	y Status:
a)	State the full pame and present address of your spouse.  William Thorn Tou  LM LM 1000 Pd. Vlandel (1) 3
0)	State your spouse's occupation and place of employment.
	Blue Collar. + United States Postal
:)	If you have children, state their name(s), age(s), address(es) and present occupation(s).

a)	Branch of service:
b)	Service number: N/A
× .	11/1
c)	Dates of active duty:
d)	Rank/rate at separation:
e)	Decorations, honors, or achievements:
(f)	Was your discharge other than honorable?  If so, explain.
То ус	date, court, charge and disposition.  Our knowledge, are you now under federal, state or local investigation fe
possi	ble violation of a criminal statute? If so, give details.
Have agenc	you ever been interviewed by any federal, state or local law enforcement by for any reason other than minor traffic violations? If so, give details.
conat	have been disciplined or cited for breach of ethicy or unprofessional
profe	act by a court, administrative agency, disciplinary committee, or other ssional group, give details.
profe:	let by a court, administrative agency, disciplinary committee, or other
Has w	let by a court, administrative agency, disciplinary committee, or other

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Are other	you now an officer or director of any business organization, or are you rwise engaged in the management of any business enterprise?
a)	If so, give details, including the name of the enterprise, the nature of business, the title or other description of your position, the nature of duties, and the terms of your service.
b)	Do you consider continuation of such business involvement to be a conflict of interest?
#1 2i	ove, specify in detail the other sources of your income and the approximate of your total income each source represents.
inclui and f	all organizations to which you have belonged within the last ten years, ding professional associations, civic, charitable, religious, educational raternal organizations. Give the titles and dates of any offices which y held in such organizations.

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	a)	If so, list s limitation.	uch organizati	ons and describe	the basis of	the membershi	р
	b)	from any p	participation in	to resign from su their activities si re applying, state	hould you be	e selected for th	ndraw ie
EDU	CATIO	DN Department					
21.	List	each college, ding days of	law school, an attendance, de	nd other graduate gree awarded an	d major.	h you have atte	ended,
ACH		MENTS				,	
ost llost v	recei	nonors, prizes ved since you	s, awards, or or or graduation of	ther forms of reco	gnition whi we directly r	ch you have	
est dani r	recei	nonors, prizes ved since you ssional accor	ir graduation o	ther forms of record college which a	ognition whi	ch you have elated to	essential and the second
13.	profe	ved since you ssional accor	r graduation o	ther forms of record college which a	are directly r	elated to	t five
	Profe	ved since you ssional accor	r graduation o	r college which a	are directly r	elated to	t five
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Describe an	y experience you have had with legislative or executive brance other than as an elected or appointed official.	
Describe lif feel will be	e experiences, personal involvements, or talents that you have of assistance to the Commission in evaluating and understand	
candidacy f	or this elected position. (150 words or less).	
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In the event any material changes occur between the time this application is filed and the public hearing, I hereby agree to file an amended application with the Board of Commissioners for distribution to the commission members.

I understand that the information provided in this application shall be open to inspection upon filing with the office of the Shelby County Board of Commissioners and that the

Commission may publicize the names of persons who apply for appointment and the names of those persons the Commission considers for the vacancy in question.

I knowingly, willingly and without reservation waive any right or privilege relative to the Tennessee Bureau of Investigation and/or the Shelby County Sheriff and/or the Shelby County Attorney background investigation, including any financial or other oredit information enclosed, conducted for the purpose of review by the Commission, and any other investigation that may be conducted for the purpose of review by the Commission.

I understand I have the individual right at any time to contact credit reporting agencies and exercise my rights under the law to make corrections.

signature

Printed name

Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

Bureau of Investigation and/or the Shelby County Sheriff and/or the Shelby County Attorney and any and all agents or persons authorized by it, to conduct a full review and disclosure of all records concerning myself, whether said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or

ratings), and other financial statements and records wherever filed, medical and psychiatric treatment, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and records of lawsuits, criminal or civil, in which I presently have, or have had an interest. I specifically waive any right of privacy to which I might otherwise be entitled under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further specifically release the Tennessee Bureau of Investigation and/or the Shelby County Sheriff and/or the Shelby County Attorney and/or the Shelby County Board of Commissioners from any and all liability which might otherwise be incurred as a result of collecting or receiving such information.

I have read and fully understand the contents of this Authorization for Release of Information.

Shickey A. Turkew (Mokast)

Print Full Name of Applicant (include maiden)

Signature

Phone: 901-441-588/

Witness

Date of Birth: